

*Patricia Booker**Amended*

|   |   |                          |   |          |  |                          |  |  |
|---|---|--------------------------|---|----------|--|--------------------------|--|--|
| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Effective December 8, 2004.   |   |                          |   |          | Application or Docket Number<br><b>10/365798</b>                                       |                          |  |  |
| <b>CLAIMS AS FILED - PART I</b>   |   |                          |   |          | SMALL ENTITY<br>TYPE <input checked="" type="checkbox"/> OR OTHER THAN<br>SMALL ENTITY |                          |  |  |
| (Column 1)  |   | (Column 2)               |   |          | (Column 3)   |                          |  |  |
| U.S. NATIONAL STAGE FEES  |   | <input type="checkbox"/> |   |          | <input type="checkbox"/>   |                          |  |  |
| BASIC FEE   |   | <input type="checkbox"/> |   |          | <input type="checkbox"/>   |                          |  |  |
| EXAMINATION FEE   |   | <input type="checkbox"/> |   |          | <input type="checkbox"/>   |                          |  |  |
| SEARCH FEE  |   | <input type="checkbox"/> |   |          | <input type="checkbox"/>   |                          |  |  |
| FEE FOR EXTRA SPEC. PGS.  |   | minus 100 =              | / 50 =                                      |          |  | <input type="checkbox"/> |  |  |
| TOTAL CHARGEABLE CLAIMS   |   | <b>22</b>                | minus 20 =                                  | <b>2</b> |  |                          | <input type="checkbox"/>                         |  |
| INDEPENDENT CLAIMS  |   | <b>1</b>                 | minus 3 =                                   | <b>*</b> |  |                          | <input type="checkbox"/>                         |  |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>   |   |                          |   |          | <input type="checkbox"/>   |                          | <input type="checkbox"/>                         |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |   |                          |   |          |  |                          |  |  |
| <b>CLAIMS AS AMENDED - PART II</b>  |   |                          |   |          | SMALL ENTITY<br>OR<br>OTHER THAN<br>SMALL ENTITY                                       |                          | SMALL ENTITY<br>OR<br>OTHER THAN<br>SMALL ENTITY |  |
| (Column 1)  |   | (Column 2)               |   |          | (Column 3)   |                          | (Column 4)                                       |  |
| <b>AMENDMENT A</b>  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |          | PRESENT<br>EXTRA   |                          | RATE<br>ADDI-<br>TIONAL<br>FEE                   |  |
|   | Total                                     | *                        | Minus                                       | **       | =  | X \$ 25 =                | RATE<br>ADDI-<br>TIONAL<br>FEE                   |  |
| Independent   | *   | Minus                    | ***   | =        | X \$ 100 =   | OR<br>X \$ 50 =          |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>   |   |                          |   |          | + \$ 180 =   | OR<br>X \$ 200 =         |  |  |
| <input type="checkbox"/>  |   |                          |   |          | TOTAL ADDIT.<br>FFF  | OR<br>+ \$. 360 =        |  |  |
| <input type="checkbox"/>  |   |                          |   |          | <input type="checkbox"/>   |                          | <input type="checkbox"/>                         |  |
| <b>AMENDMENT B</b>  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |          | PRESENT<br>EXTRA   |                          | RATE<br>ADDI-<br>TIONAL<br>FEE                   |  |
|   | Total                                     | *                        | Minus                                       | **       | =  | X \$ 25 =                | RATE<br>ADDI-<br>TIONAL<br>FEE                   |  |
| Independent   | *   | Minus                    | ***   | =        | X \$ 100 =   | OR<br>X \$ 50 =          |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>   |   |                          |   |          | + \$ 180 =   | OR<br>X \$ 200 =         |  |  |
| <input type="checkbox"/>  |   |                          |   |          | TOTAL ADDIT.<br>FFF  | OR<br>+ \$. 360 =        |  |  |
| <input type="checkbox"/>  |   |                          |   |          | <input type="checkbox"/>   |                          | <input type="checkbox"/>                         |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.<br>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".<br>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".<br>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                          |   |          |  |                          |  |  |